Name In Full

Certificate of Death

Mary Louise Boarman

Died at Town: Charlotte Hall County: St Mays MARYLAND

Date 1899 Month: 5. Day: 4

Age Y.: , M.: 5, D.: 9

Native of

Occupation

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~

~~Number of children living~~

Husband of Wife

Father's Name: Geo. Thomas Boarman

Mother's Name: Mary Lulu Boarman

Cause of Death — Primary:

Immediate: Thrush

How long sick: 7 8

~~Accident, Suicide, Homicide~~

Reported by Sylvester Adams Undertaker

Address Thomasville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989R

Attended by Dr. No Dr. in Attendance

of

Seen by Coroner

of

Information contained in this certificate received

from Rev. Thomas Boarman

of New Charlotte Hall, Md.

Name in Full Washington Beales

Certificate of Death

Died at Town Oxville County Somers MARYLAND

Date 1899 Month May Day | Age Y. 75 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Paralysis 44 | How long sick 4 days

Immediate | Accident, Suicide, Homicide

Reported by Dr J. Irving.

Address Oxville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Richard Brown

Certificate of Death

Died at Town Dynard County St. Mary's MARYLAND

Date 1899 Month May Day Age Y. 65 M. D. Native of St. Mary's Occupation Plasterer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Wife

Father's Name Richard Brown Mother's Name

Cause of Death Primary Cerebral Hemorrhage How long sick 10 days

Immediate 42 Accident, Suicide, Homicide

Reported by Walter B. Dent

Address Oakley, St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Charles Henry Buckler

Died at Town: Mechanicsville County: St. Marys MARYLAND

Date 1899 Month: 5 Day: 7 Age Y. 55 M. D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 5

Husband ~~Wife~~ of Sarah Jane Scott

Father's Name Sandy Buckler Mother's Name Biley Buckler

Cause of Death: Primary 5-7

Immediate Heart disease

How long sick about one year

Accident, Suicide, Homicide

Reported by Sylvester Adams

Address Mechanicsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Name in Full Mrs Martha Dyer

Certificate of Death

Died at Town California P.O. County St Marys MARYLAND

Date 1899 Month May Day 13 Age Y. 70 M. D. Native of St Marys Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband / Wife of Wm Dyer

Father's Name — — —

Mother's Name 57 — — —

Cause of Death: Primary Aortic Incompetency — How long sick 2 months

Immediate General Dropsy — ~~Accident, Suicide, Homicide~~

Reported by Thos Spurle Leonardtown

Address Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Cecelia M. Herbert

Died at Town: Near Mechanicsville County: St. Mary's MARYLAND

Date 1899 Month: May Day: 29 Age Y. M. D.: 37 Native of: St. Mary's Occupation: Housekeeping

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 10

~~Husband of~~ ~~Wife~~ Lewis Herbert

Father's Name: Charlie Butler Dont Know

Mother's Name: Emiline Holly Dont Know

Cause of Death

Primary: Bright's Disease

Immediate: uremia 97

How long sick: 2 Years

~~Accident, Suicide, Homicide~~

Reported by: Zach. R. Morgan

Address: Mechanicsville, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79886

Name In Full Celetia Kelly

Certificate of Death

Died at near Town Oak Point County St Marys Co MARYLAND

Date 1891 Month May Day 28 | Age Y. 65 M. — D. — | Native of St Marys Co | Occupation Housewife

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Wife Lee Kelly

Father's Name — Mother's Name —

Cause of Death: Primary Cancer of Uterus 25 d How long sick 8 month

Immediate Hemorrage Accident, Suicide, Homicide

Reported by F. F. Greenwell M.D.

Address Leonardtown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full: J D Mattingly

Certificate of Death

Died at Town: Leonardtown County: St Mary's Co MARYLAND

Date 1899 Month: May Day: 17 | Age Y. 65 M. D. | Native of | Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 3

Husband of Wife

Father's Name: Geo. S. Mattingly

Mother's Name: Mary Mattingly

Cause of Death: Primary: Paralysis 44 | How long sick: 6 hours

Immediate | Accident, Suicide, Homicide

Reported by: Dr. J. [illegible]

Address: Oakville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65958

Name in Full | Certificate of Death

Elmer May Norris

Died at Town: Cane Neck County: St Mary's MARYLAND

Date 189 9 Month May Day 28 | Age Y. 1 M. 3 D. 17 | Native of Md. | Occupation -

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Lee Norris | Mother's Name Mamie Norris 72

Cause of Death: Primary Double Pneumonia | How long sick 9 days

Immediate Convulsions Epileptic | Accident, Suicide, Homicide

Reported by Robt. V. Palmer M.D.

Address Palmers St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Alice De Mooy

Died at Town Leonardtown County St Mary's Co MARYLAND

Date 1899 Month May Day | Age Y. 45 M. D. | Native of Holland | Occupation Dairymtman

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband / Wife of Sam De Mooy

Father's Name

Mother's Name

Cause of Death: Primary Pernicious 93 | How long sick 5 days

Immediate | Accident, Suicide, Homicide

Reported by J. O'King, M.D.

Address Oakville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name In Full

Certificate of Death

Richard Plowden

Died at Town Leonardtown, County St Marys Co., MARYLAND

Date 1899, Month May, Day 5 | Age Y. 25 M. D. | Native of about 25 years, Md. | Occupation laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of ~~Wife~~

Father's Name — | Mother's Name —

Cause of Death: Primary Epipleby 47 | How long sick found dead

Immediate Do | ~~Accident, Suicide, Homicide~~

Reported by Wm D Henry, Coroner-

Address Leonardtown, St Marys Co., Md.

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Annie Raley

Certificate of Death

Died at Town Londontown County St Marys MARYLAND

Date 189 9 Month May Day 4 Age 21 Y. M. D.

Native of Maryland Occupation Housewife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living Four

Husband / Wife of Romy Raley

Father's Name - - -

Mother's Name Mrs Spalding

Cause of Death: Primary Puerperal Fever

How long sick

Immediate Exhaustion 11½a

~~Accident, Suicide, Homicide~~

Reported by Thos Bowles

Address Londontown St Marys Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 58888